



Provis Patient No.									

**MEDICATION ORDER FORM**

<b>Cisplatin</b>	
Patient's Surname	Given Name & Initials
Date of Birth	
_____ / _____ / _____ dd                    mm                    yyyy	
Referring MD/Oncologist	
Patient's Height: _____ cm	Dose Reduction?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Weight: _____ kg	Reason: .....
BSA: _____ m <sup>2</sup>	.....
<b>Current Protocol</b>	
Cycle:.....	
<b>Pre-Medication</b>	
<input type="checkbox"/> Ondansetron 8mg PO <input type="checkbox"/> Dexamethasone 10mg IV	
<input type="checkbox"/> Mannitol 50grams in 250m NS IV over 2 hours concurrently with Cisplatin	
<b>Medication prescribed</b>	
<b>Cisplatin</b> _____ mg IV infusion	
<b>Dilute in 1000 mL N/S &gt; 100mg – 175mg - Infusion to be administered over 3 hours</b>	
<b>Note: Pre/Post Chemo orders to be written by referring physician to patient</b> <b>Aprepitant 125mg PO Day 1, 80mg PO Day 2 &amp; 3</b> <b>Ondansetron 8mg PO</b> <b>Prochlorperazine 10mg PO</b>	
<b>(For Provis Use Only)</b>	
Tx 1 : _____	
Date	
<b>Physician's Signature (Referring Oncologist)</b>	_____ / _____ / _____ dd                    mm                    yyyy
<b>Signature of Provis Physician</b>	_____ / _____ / _____ dd                    mm                    yyyy
<b>Repeat Order:</b>	
Provis requires a new medication order for each treatments (q21 day cycle)	
<b>Fax completed form to: 416-532-3635</b>	